

Schedule & Fees

	Dates	Fee
Session I 8:00am -3:30pm	June 28 ~ July 9 <i>*Camp Is Closed on July 5th</i>	\$320
Extended Day Option 8:00-5:30pm	June 28 ~ July 9	\$360
Early Drop Off 7:30-8:00am	June 28 ~ July 9	\$40
Session II 8:00am -3:30pm	July 12 ~ July 23	\$320
Extended Day Option 8:00-5:30pm	July 12 ~ July 23	\$360
Early Drop Off 7:30-8:00am	July 12 ~ July 23	\$40
Session III 8:00am -3:30pm	July 26~ August 6	\$320
Extended Day Option 8:00-5:30pm	July 26~ August 6	\$360
Early Drop Off 7:30-8:00am	July 26~ August 6	\$40
Session IV 8:00am -3:30pm	August 9 ~ 20	\$320
Extended Day Option 8:00-5:30pm	August 9 ~ 20 <i>*Camp ends at 3pm on Friday 8/20</i>	\$360
Early Drop Off 7:30-8:00am	August 9 ~ 20	\$40

Equal Access

The Haggerty Neighborhood Council & Community School & the Department of Human Service Programs do not discriminate in providing services on the basis of race, religion, national origin, cultural heritage, political belief, sexual preference, marital status, or disability. The DHSP will provide auxiliary aids and services, written materials in alternative formats and reasonable modifications in policies and procedures to persons with disabilities upon request.

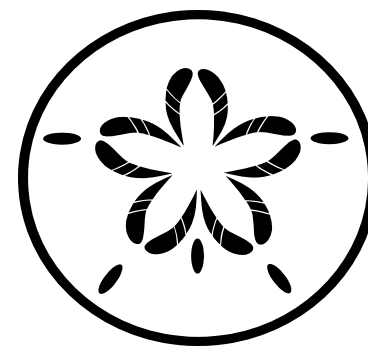
Inclusion Policy

The Department of Human Service Programs welcomes individuals with disabilities in all of its Out of School Time programs. DHSP will provide reasonable accommodations to individuals with disabilities who meet the basic eligibility requirements of the OST Programs or who with the provision of reasonable accommodations will be able to meet the basic eligibility requirements, to facilitate equal participation for those individuals in existing OST Programs.

This camp is inspected annually to comply with the regulations of the Massachusetts Department of Public Health (105 CMR 430-000) and is licensed annually by the Cambridge Board of Health.



The Strawberry Hill Camp



Department of Human Service Programs ~
Community Schools Division

Haggerty Neighborhood Council &
Community School

110 Cushing Street
Cambridge, MA 02138

Director: Amanda Kierce

Assistant: Andrew Lynch

617-349-6264

Fax: 617.349.6034

akierce@cambridgema.gov

Cambridgema.gov/dhsp2/haggerty.cfm



Program Activities

The Strawberry Hill Camp provides children with creative, social, enrichment and sporting activities in a safe, nurturing environment. Each member respects individual differences by embracing diversity and using it as a tool to teach one another that community is not just a word, but also a way of life. Children will participate in literacy activities such as story time and library visits, creative arts, gardening and environmental exploration. Field trips will include visits to museums and the zoo along with weekly beach trips. On a daily basis, children will be able to choose and participate in various activities including, recreational sports, nature walks around Fresh Pond, water play, art and crafts projects, and other games. Campers must bring a daily lunch. Morning and afternoon snacks will be provided.

Age Requirements

Children should be 4.5 years of age (entering Kindergarten in September) through 13 years of age. Children will be separated into age appropriate groups.

Hours of Operation

The Strawberry Hill Camp is in session from 8:00am to 3:30pm weekdays, with an extended day option available from 3:30 to 5:30pm and an early drop off option from 7:30-8:00am. The extended day program is very popular with parents who need full time childcare. Children who stay for the full day have had a long, busy, and often tiring day at camp; therefore, the mood in the afternoon session is relaxed and casual. Story time, board games, computer workshop, crafts, and low-exertion physical activities are some of the choices offered.

Staff

Our staff provide quality care for all our children regardless of needs. Our staff members are committed childcare professionals with extensive experience in promoting socially responsible behavior. They are responsible for providing age-appropriate recreational and enrichment activities for children. The camp is

run by a director and includes specialists in various fields, such as dance, creative movement, visual arts, sports and environmental exploration. All classrooms consist of a lead and two assistant instructors. Camp instructors are supported by youth from the Mayor's Summer Program. All of our lead staff has been trained in CPR and first aid for children. In addition to the counselors, certified lifeguards will accompany the camp on all water-related field trips.

Registration

Registration begins on February 15 through June 18, 2010. A registration fee of \$15 is requested. Registration packets are available upon request.

Payments & Financial Assistance

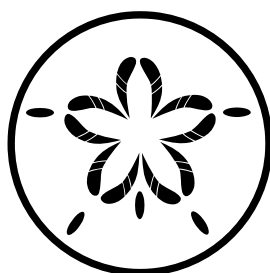
A \$50 deposit is needed for each registered session and is applied to the tuition. Full payment must be received one week prior to the start of each session. Cancellations must be received no later than May 27th. After that date, no refunds will be granted. All payment must be made by check or money order and payable to the *Haggerty Community School*.

Limited financial assistance is available for income eligible families. Income verification is required. All requests for scholarship must be received by Thursday May 27, 2010.

Department of Human Service Programs ~ Community Schools Division

Haggerty Neighborhood Council & Community School

Strawberry Hill Camp



Summer Camp 2010

Registration begins February 15 through June 18, 2010

110 Cushing Street * Cambridge, MA 02138

(617) 349-6264 * TTY/TDD (617) 876-6315

Director : Amanda Kierce

www.cambridgema.gov/DHSP2/haggerty.cfm * akierce@cambridgema.gov

***PLEASE COMPLETE THE SHC REGISTRATION PACKET (PG 1-6)
ALONG WITH 2 PINK EMERGENCY CARDS TO COMPLETE YOUR
REGISTRATION! THANK YOU.**



Strawberry Hill Camp ~ Registration Form

Child's Name: _____ Age: _____ Current Grade: _____ Grade entering in the Fall '10 _____
Address: _____ City: _____ Zip Code: _____

Parent/Guardian #1: _____
Home Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Parent/Guardian #2: _____
Home Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Emergency Contact: _____
Daytime Phone: _____ Cell Phone: _____

Please Check Each Session Desired:

Session	Regular Day 8:00-3:00pm \$320.00/session	Extended Day 8:00-5:30pm \$360.00/session	Early Drop Off 7:30-8:00 \$40/session
Session I: June 28 - July 9, 2010 <i>*We are closed on July 5th</i>			
Session II: July 12 - July 23, 2010			
Session III: July 26 - August 6, 2010			
Session IV: August 9 - 20, 2010 <i>*camp ends at 3pm on Friday August 20th</i>			

*** \$50.00 DEPOSIT Per Session is Required ***

Total Deposit: _____ +\$15.00 (Registration Fee)



Strawberry Hill Camp ~ Release Form

Child's Name: _____

Parent / Guardian's Name: _____

1. I hereby give my child permission to participate in all camp activities & trips:

Parent / Guardian Signature: _____ Date: _____

2. I hereby give permission for authorized staff to take my child to the nearest hospital for emergency treatment. (If an injury occurs within Cambridge, the camp will transport your child to Cambridge City Hospital or Mount Auburn Hospital depending on which is closest to the scene of the accident. Outside Cambridge, we will go to the nearest hospital.) I also authorize staff to apply first aid & sunscreen when necessary.

Parent / Guardian Signature: _____ Date: _____

3. My child has permission to walk home from camp after ____ pm

Parent / Guardian Signature: _____ Date: _____

4. I give permission to the Haggerty Community School to use photographic & video reproductions of my child for publicity purposes.

Parent / Guardian Signature: _____ Date: _____

5. The individuals listed below may pick up my child from camp. If someone other than the people listed below, I will notify camp staff in writing in advance.

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

Parent / Guardian Signature: _____ Date: _____



Strawberry Hill Camp



sharing resources...building community

**City of Cambridge
Department of Human Service Programs
Information Release Form**

(Child's Name)

(Name of School)

Please circle one: NEW STUDENT

RETURNING STUDENT

I am applying for: **Haggerty Community School/Strawberry Hill Camp**

I hereby authorize the Department of Human Services (DHSP) to observe my child in his/her school day classroom or program and to discuss my child's educational, physical, medical, psychological and/or other needs with his/her teachers, specialists, therapists, medical providers and other caregivers for the purpose of evaluating his/her participation in DHSP's out of school time (OST) and preschool programs.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date: _____

**PERMISSION TO OBTAIN STUDENT RECORDS
(IEP, 504 Plan, behavior plans)**

I hereby authorize my child's school/program to release my child's records including his/her Individualized Education Program (IEP), Behavioral Intervention Plan and/or Section 504 Plan. DHSP will not disclose the content of any such records to any other party without my written consent, except as DHSP may be required by law to do so. All records will be used for the purpose of evaluating my child's participation in DHSP's out of school time (OST) programs.

Parent/Guardian Signature: _____

Date: _____

Revised 3/09



Strawberry Hill Camp / DHSP ~ Health Form

**THIS FORM MUST BE COMPLETED & SIGNED BY A PHYSICIAN & RETURNED BEFORE
THE FIRST DAY OF CAMP. ALL INFORMATION IS KEPT CONFIDENTIAL.**

Child's Name: _____

Parent/Guardian #1: _____

Home Phone: _____

Parent/Guardian #2: _____

Home Phone: _____

Physician's Name: _____

Office Phone: _____

Health Care Coverage:

Harvard Vanguard _____ ID Number: _____

Blue Cross/ Blue Shield _____ ID Number: _____

HMO Blue _____ ID Number: _____

Tufts _____ ID Number: _____

Medicaid _____ ID Number: _____

Other Plan (Name) _____ ID Number: _____

Is your child currently taking medication? If so, what is the medication prescribed, how often is it administered, & what are the conditions of the medication being administered?

Does your child have any allergies? If so, please list them in the space provided.

Is your child currently being seen by a physician, the staff at a guidance facility, or any other health care professional? If so, by whom & for what reasons?

PLEASE INDICATE DATES, *NOT CHECK MARKS*, FOR THE FOLLOWING IMMUNIZATIONS:

Diphtheria Petrussis

Original Series #1 #2 #3

Tetanus (DPT)

Boosters~DR after 6 #1 #2 #3 #4 #5

Polio

For each immunization, please indicate type:

OVP-T Trivalent Oral

OVT -=S= Salk, etc.

List Dates: #1 #2 #3 #4 #5 #6

Measles

Had natural infection _____

Rubella

Live vaccine (Swartz or Edmondston) _____

Mumps

Killed vaccine _____

Other immunization: _____

I hereby certify the child named above has been examined on _____ & that he/she is in good physical condition & is capable of participating in all camp activities.

Physician's Signature

Date

I hereby give permission for authorized staff to take my child to the nearest hospital for emergency treatment. Camp staff will transport children either Cambridge Hospital or Mount Auburn Hospital depending on proximity, if injury occurs within Cambridge limits.

Parent/Guardian Signature

Date

This form must be completed & returned before your child may attend camp. Please return this form to

Haggerty Community School

Attn: Strawberry Hill Camp

110 Cushing Street* Cambridge, MA 02138

**Strawberry Hill Camp / DHSP ~ Financial Assistance Form**

Department of Human Services ~ Neighborhood Council & Community Schools Division

We ask everyone who possibly can, to pay the full amount so that we can continue to offer financial aid to those who need it most. All information is kept strictly confidential.

Child's Name: _____

Address: _____ City: _____ Zip Code: _____

Parent/Guardian #1: _____ Home Address: _____

Home Phone: _____ Work Phone: _____

Parent/Guardian #2: _____ Home Address: _____

Home Phone: _____ Work Phone: _____

Please list **everyone** living in the home (primary residence), including parent(s):

- | | |
|----------|------------|
| 1. _____ | Age: _____ |
| 2. _____ | Age: _____ |
| 3. _____ | Age: _____ |
| 4. _____ | Age: _____ |
| 5. _____ | Age: _____ |
| 6. _____ | Age: _____ |

***You are required to present documentation regarding the information below.
Please include 3 recent, consecutive paystubs OR a copy of your 2008/2009 tax return.***

	Weekly	<u>OR</u>	Monthly
Child Support			
Alimony			
Gross Pay, Wage Earner #1			
Gross Pay, Wage Earner #2			
Gross Pay, Wage Earner #3			
Unemployment Benefits			
AFDC			
Rental Income			
Other Income			
Total Income			

Are there any special financial issues you would like us to take into consideration?

To the best of my knowledge, the above information is correct.

Parent/Guardian Signature_____
Date

For Office Use Only:

Award Determined \$ _____ Denied _____ Date Determined: _____

To Whom It May Concern:

We require official documentation along with our financial aid form, in order to be able to process your scholarship award. You may include 3 weeks of current paystubs of those parents/guardians involved or your most recent tax return. Please have this information to the Haggerty Community School no later than Thursday May 27, 2010 in order to receive your potential scholarship award. We want to ensure that we are being fair to all children so thank you for your cooperation.

Sincerely,
The Community School Division